



*IPW*

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

**Applicant:** Junichi Onishi, et al. **Examiner:** Tu Ba Hoang  
**Serial No:** 10/600,741 **Art Unit:** 3742  
**Filed:** June 20, 2003 **Docket:** 14491Z  
**For:** ENDOSCOPE APPARATUS **Dated:** December 17, 2004  
**Conf. No.:** 9747

Mail Stop Amendments  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA. 22313-1450

**RESPONSE UNDER 37 C.F.R. §1.111**

Sir:

This is a response to the non-final Office Action mailed on September 21, 2004.

Please amend the above-identified application as follows:

Amendments to the Claims begin on page 2.

Remarks begin on page 8.


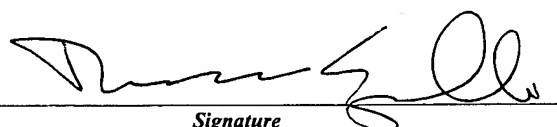
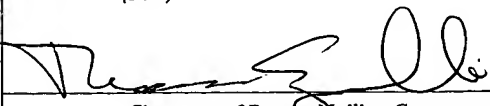
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**CERTIFICATE OF MAILING UNDER 37 C.F.R. §1.8(a)**

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA, 22313-1450, on December 17, 2004.

Dated: December 17, 2004

  
Thomas Spinelli

<b>AMENDMENT TRANSMITTAL LETTER (Large Entity)</b>				Docket No. <b>14491Z</b>	
Applicant(s): <b>Junichi Onishi, et al.</b>					
Application No. <b>10/600,741</b>	Filing Date <b>June 20, 2003</b>	Examiner <b>Tu Ba Hoang</b>	Customer No. <b>23389</b>	Group Art Unit <b>3742</b>	Confirmation No. <b>9747</b>
Invention: <b>ENDOSCOPE APPARATUS</b>					
					
<b>COMMISSIONER FOR PATENTS:</b>					
Transmitted herewith is an amendment in the above-identified application.					
The fee has been calculated and is transmitted as shown below.					
<b>CLAIMS AS AMENDED</b>					
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT	RATE	ADDITIONAL FEE
TOTAL CLAIMS	8 -	20 =	0 x	\$50.00	\$0.00
INDEP. CLAIMS	4 -	4 =	0 x	\$200.00	\$0.00
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					\$0.00
<b>TOTAL ADDITIONAL FEE FOR THIS AMENDMENT</b>					<b>\$0.00</b>
<input checked="" type="checkbox"/> No additional fee is required for amendment. <input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of _____ <input checked="" type="checkbox"/> A check in the amount of <b>\$130.00</b> to cover the filing fee is enclosed. <input checked="" type="checkbox"/> The Director is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account <input checked="" type="checkbox"/> Any additional filing fees required under 37 C.F.R. 1.16. <input checked="" type="checkbox"/> Any patent application processing fees under 37 CFR 1.17. <input type="checkbox"/> Payment by credit card. Form PTO-2038.					
<b>WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</b>					
 _____ Signature			Dated: <b>December 17, 2004</b>		
<b>Thomas Spinelli</b> <b>Registration No.: 39,533</b> <b>SCULLY SCOTT MURPHY &amp; PRESSER</b> <b>400 Garden City Plaza, Suite 300</b> <b>Garden City, New York 11530</b> <b>(516) 742-4343</b>			<div style="border: 1px solid black; padding: 5px;">         I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to "Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450" [37 CFR 1.8(a)] on  <div style="text-align: center;"> <b>12-17-04</b>            _____            (Date)         </div> <div style="text-align: center;">             _____            Signature of Person Mailing Correspondence         </div> <div style="text-align: center;"> <b>Thomas Spinelli</b>            _____            Typed or Printed Name of Person Mailing Correspondence         </div> </div>		
CC:					